

Re

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
**VERIFIED**

Re

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
**VERIFIED**

Re

**FOREIGN FILING LICENSE GRANTED 06/15/98**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING
Verified and Acknowledged	<u>R.C.</u> Examiner's Initials Initials	CO	3

**ADDRESS**

**JOHN C ANDRES**  
**UNITED STATES SURGICAL CORPORATION**  
**150 GLOVER AVENUE**  
**NORWALK CT 06856**

Sherwood Services Inc  
 C/O Tyco Healthcare Inc  
 150 Glover Avenue  
 Norwalk, CT 06856

**TITLE**

**ELECTROSURGICAL GENERATOR POWER CONTROL CIRCUIT AND METHOD**

**FILING FEE  
RECEIVED**

**\$790**

**FEES: Authority has been given in Paper**  
**No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT**  
**NO. \_\_\_\_\_ for the following:**

<input type="checkbox"/>	All Fees
<input type="checkbox"/>	1.16
<input type="checkbox"/>	1.17
<input type="checkbox"/>	1.18
<input type="checkbox"/>	Other
<input type="checkbox"/>	Credit